

WATER AND SEWERAGE CORPORATION

TENANCY NOTIFICATION FORM (Vacating Premises)



CUSTOMER ID NO:	LOCATION ID NO:
IN NAME OF:	ALTERNATE ID NO:

Dear Sir/Madam,

Please accept this notification that I/We _____ have/will move out of the above premises on (MM/DD/YY) _____. AND/OR

I/We hereby request that you read the meter, render a final bill and close my/our account. I/We understand that I/We may be liable for charges incurred up to ten (10) working days after the date of submitting this notification.

TENANTS

- The Owner/Landlord shall make the initial application for service to the premises, and pay the associated fees and charges, including a security deposit.
- All other accounts in the Landlord's name should be checked to ensure that they are in good standing.
- The Landlord's email address will be added for e-notification so that (s) he receives a copy of the billing statements.
- Landlord/Tenant will be required to complete Form CS009 (b) informing the Corporation at least ten (10) working days before vacating the premises. Failure to do so will result in the Landlord being responsible for any and all charges relating to the account.
- During periods when the premises are unoccupied, water and/or sewer charges will be billed to the Landlord's account.
- The Corporation reserves the right to pursue the owner for any and all unpaid utility bills, in the event the property is sold.

APPLICANT

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other					
First Name:		Middle Name:		Last Name:	
Company Name:					
Trading As:			Tax ID Number:		
National Insurance Number:	Passport Number:	Driver's License Number:	Email Address:	Postal Code:	
Employer/Business Name:		Telephone:	Home:	Work:	Mobile:

CO – APPLICANT

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other					
First Name:		Middle Name:		Last Name:	
National Insurance Number:	Passport Number:	Driver's License Number:	Email Address:	Postal Code:	
Employer/Business Name:		Telephone:	Home:	Work:	Mobile:
ADDITIONAL CONTACT PERSON		Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other			
		First Name:		Middle Name:	Last Name:
		Telephone:	Home:	Work:	Mobile:

Customer Signature:	Date:
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FOR COMPLETION BY CUSTOMER RELATIONS SECTION

Old CID/LID	New CID/LID
Work Order Number	Account Alternate ID#